

DO NOT
STAPLE

SUBJECT TO PUBLIC REVIEW

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: charities@secstate.wa.gov

APPLICATION TO REGISTER AS A COMMERCIAL FUNDRAISER FEE: \$250

Make fees payable to "State of Washington"

☐ Check here to request **EXPEDITED SERVICE** (optional). If checked, please enclose an additional \$20 fee.

Please complete entire application or write "n/a" if not applicable. Incomplete applications will not be accepted.
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind application or attachments.**

Check one: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Re-registration		If re-registration, provide organization's Registration No. #: _____
NOTE: Renewing organizations must use the Commercial Fundraiser Renewal Form, which is available from the Charities Program.		
SECTION 1 - ORGANIZATION INFORMATION		
Organization's Full Legal Name: _____		
Mailing Address: _____		City, State, ZIP: _____
NOTE: Please include "c/o" and the name of the firm if designated mailing address is "care of" a law firm or similar entity. You must include the acronym "PMB" if using a Private Mailbox.		
Organization's Street Address (if different than mailing): _____		City, State, ZIP: _____
NOTE: If mailing address is a PO Box or a Private Mail Box (PMB), you must provide a street address. If none, provide city and state of physical location.		
Country: _____	County (WA State only): _____	
Organization's Telephone Number: () _____	Organization's Fax Number: () _____	
Organization's Email Address: _____	Organization's Web Address: _____	
ORGANIZATIONAL STRUCTURE		
Organization Type (check one, if applicable): <input type="checkbox"/> WA State Profit Corporation <input type="checkbox"/> Foreign (out-of-state) Profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> No organizational structure <input type="checkbox"/> Other (describe): _____		
UBI (Unified Business Identifier) Number (if located or registered in WA): _____		FEIN (Federal Employer Identification Number): _____
State of Incorporation (if incorporated): _____		Date Incorporated or Established: _____ (mm/dd/yyyy)
SURETY BOND (REQUIRED)		
Has the organization submitted proof of surety bonding in the amount of \$15,000 to the Secretary of State? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No - Complete the attached Fifteen Thousand-Dollar Fundraiser Bond form on page 6 and submit it with this application.		
COMMERCIAL FUNDRAISER'S ALSO KNOWN AS NAMES UNDER WHICH IT WILL SOLICIT		
List all the commercial fundraiser's names (excluding the organization's full legal name provided above) under which contributions will be solicited. Include acronyms, abbreviations, shortened names, and DBAs, if any. (Attach an additional sheet if needed)		
NOTE: Do not list the names of your charity clients as AKAs. Do not list any other commercial fundraiser or subcontractor as an AKA; these entities must register independently.		

OTHER ADDRESSES, TELEPHONE & FAX NUMBERS USED (ATTACHMENT)	
Attach a list of all mailing, street, electronic, or Internet addresses, telephone and fax numbers (excluding those provided above) used by the commercial fundraiser to conduct solicitations in Washington State, if any. Include addresses used by subcontractors, if applicable. Do not provide donor information. Be sure to label attachment "Other Addresses, Telephone & Fax Numbers Used".	
OTHER COMMERCIAL FUNDRAISER(S) UTILIZED IN CONDUCT OF SOLICITATIONS (SUBCONTRACTORS) (Attach an additional sheet if needed)	
Name of Company (subcontractor):	Registration Number:
Contact Person:	Telephone: ()
Address:	City, State, ZIP:
Email:	Web Address:
Attach a list of charitable organizations for which this subcontractor provides services and the term begin & end dates associated with each campaign. Be sure to label the attachment "Subcontractors".	
Has the subcontracting commercial fundraiser independently registered with the Secretary of State and obtained its own surety bond as required by law? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company (subcontractor):	Registration Number:
Contact Person:	Telephone: ()
Address:	City, State, ZIP:
Email:	Web Address:
Attach a list of charitable organizations for which this subcontractor provides services and the term begin & end dates associated with each campaign. Be sure to label the attachment "Subcontractors".	
Has the subcontracting commercial fundraiser independently registered with the Secretary of State and obtained its own surety bond as required by law? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 2 - FINANCIAL, ADMINISTRATIVE & FUNDRAISING INFORMATION	
Did the organization solicit or receive contributions in Washington during the fiscal/accounting year reported below? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check reason: <input type="checkbox"/> New organization <input type="checkbox"/> No activity in Washington State <input type="checkbox"/> Other: _____ <div style="text-align: right; margin-right: 50px;">(describe)</div>	
If new organization, please provide the fiscal/accounting year end date of the first year during which solicitations will be conducted in WA & proceed to Organization's Financial Contact Person With Expenditure Authority section: ____/____/____ (REQUIRED) <div style="text-align: right; margin-right: 50px;">month day year</div>	
SOLICITATION REPORT	
Please supply fiscal/accounting beginning/ending dates and complete line items 1 & 2 (REQUIRED)	
Fiscal/accounting year begin date: ____ (Mo/Day/Year)	Fiscal/accounting year end date: ____ (Mo/Day/Year)
1. Total value of contributions received, either by your organization or the charities with which you contract, as a result of services provided by your organization: <i>This is the total amount of actual money raised (gross receipts), regardless of who has possession of the funds, and should include contributions received by any affiliates of, or entities retained by, the Commercial Fundraiser (subcontractors).</i>	\$
2. Total amount of funds either retained by, or returned to, the charities for which you provide services: <i>This is the portion of money raised (gross receipts) that the charities receive or keep after all fundraising expenses, including fees paid to your organization, affiliates, and subcontractors, if any, have been subtracted (net to charity).</i>	\$

FUNDRAISER'S COMMENTS REGARDING SOLICITATION REPORT (OPTIONAL)		
Attach additional information or provide an explanation, if any, which the organization believes would be of assistance in understanding the financial information provided in Solicitation Report, or to provide context for reported information. Be sure to clearly label attachment as "Solicitation Comments".		
ORGANIZATION'S FINANCIAL CONTACT PERSON WITH EXPENDITURE AUTHORITY		
Name:	Telephone: ()	
Email:	Fax: ()	
Address:	City, State, ZIP:	
TYPES OF SERVICES TO BE PROVIDED BY COMMERCIAL FUNDRAISER		
Check one:		
<input type="checkbox"/> Direct or indirect solicitations <input type="checkbox"/> Management, consultation or other services: _____ <div style="text-align: right;">(describe)</div>		
METHOD OF SOLICITATION(S) CONDUCTED		
Check all that apply below		
<input type="checkbox"/> Entertainment/Special Event <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Advertisements/Coupon Books <input type="checkbox"/> Telephone <input type="checkbox"/> Door to Door <input type="checkbox"/> TV/Radio	<input type="checkbox"/> Vehicle/Boat Donations <input type="checkbox"/> Direct Mail <input type="checkbox"/> Resale Of Donated Goods <input type="checkbox"/> Product Sale <input type="checkbox"/> Internet Solicitations <input type="checkbox"/> Face to Face/Word of Mouth	<input type="checkbox"/> Newsletter/publication <input type="checkbox"/> Email <input type="checkbox"/> Combined Fund Drive <input type="checkbox"/> Auction <input type="checkbox"/> Other _____ <div style="text-align: right;">(describe)</div>
COMMERCIAL FUNDRAISER'S INDIVIDUAL RESPONSIBLE FOR FUNDRAISING IN WA (REQUIRED)		
Individual's Name:	Individual's Title:	
Individual's Telephone: ()	Individual's Fax: ()	
Individual's Address:	City, State, ZIP:	
Individual's Email Address:		
<i>NOTE: The individual listed does not need to be physically located in WA, but should be an owner, officer, employee, etc. of the commercial fundraiser (not a subcontractor).</i>		
OWNERS AND PRINCIPAL OFFICERS OF THE ORGANIZATION		
<i>(Attach an additional sheet if needed)</i>		
Name:	Title:	
Telephone: ()	Fax: ()	
Address:	City, State, ZIP:	
Email:	DOB (optional):	
Name:	Title:	
Telephone: ()	Fax: ()	
Address:	City, State, ZIP:	
Email:	DOB (optional):	
Name:	Title:	
Telephone: ()	Fax: ()	
Address:	City, State, ZIP:	
Email:	DOB (optional):	

OFFICERS OR PERSONS ACCEPTING RESPONSIBILITY (ATTACHMENT)	
Attach a list of the officers or persons accepting responsibility for the organization, if different than above. Include name, title, address and telephone number for each individual listed. Be sure to clearly label attachment "Officers or Persons Accepting Responsibility".	
THREE HIGHEST PAID OWNERS, OFFICERS OR EMPLOYEES OF THE ORGANIZATION	
Owner, Officer or Employee Name	Title
1.	
2.	
3.	
<i>NOTE: If less than three persons are compensated, write "n/a" on the appropriate row(s).</i>	
PERSON OR ENTITY WHO PREPARES, REVIEWS OR AUDITS FINANCIAL INFORMATION	
Name of Entity:	
Name of Person:	Telephone: ()
Email:	Fax: ()
Address:	City, State, ZIP:
Is the person indicated above an owner, employee or officer of the commercial fundraiser? (check one) <input type="checkbox"/> Yes, the person's title is _____ <input type="checkbox"/> No <div style="text-align: center;">Title</div>	
STATES LIST	
Is the commercial fundraiser registered to solicit contributions in any state other than Washington State? (check one) <input type="checkbox"/> Yes - Attach a list of states where organization is registered to fundraise. Include all names (excluding the organization's full legal name provided in Section 1) under which the commercial fundraiser is currently registered/has been registered in the past three years. <input type="checkbox"/> No, we are only registered to solicit contributions in Washington State.	
LEGAL ACTIONS, IF ANY	
Has the commercial fundraiser, or any individual required to be identified in its registration, been subject to any legal actions in which a judgment of final order was entered, or action is currently pending? (check one) <input type="checkbox"/> Yes - Complete the information below for each legal action. <i>(Attach an additional sheet if needed)</i> <input type="checkbox"/> No <i>"Actions" include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, chapter 19.09 RCW, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or entity.</i>	
Court or Other Forum:	Case Number:
Title of Legal Action:	Date:
CHARITABLE ORGANIZATIONS FOR WHICH SERVICES WERE PROVIDED IN WASHINGTON <i>(Attach an additional sheet if needed)</i>	
THE FOLLOWING PERTAINS TO THE FISCAL/ACCOUNTING YEAR OF SOLICITATION REPORT & CURRENT CONTRACTS	
Name of Charitable Organization:	Registration Number:
Address:	Telephone: ()
Contract Term Begin Date:	Contract Term End Date:
Has the charitable organization given the commercial fundraiser authority to expend funds and/or incur obligations on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the required Fundraising Service Contract Registration Form been submitted to the Secretary of State for this campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Charity Name:	Registration Number:
Address:	Telephone: ()
Contract Term Begin Date:	Contract Term End Date:

Has the charitable organization given the commercial fundraiser authority to expend funds and/or incur obligations on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the required Fundraising Service Contract Registration Form been submitted to the Secretary of State for this campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Charity Name:	Registration Number:
Address:	Telephone: ()
Contract Term Begin Date:	Contract Term End Date:
Has the charitable organization given the commercial fundraiser authority to expend funds and/or incur obligations on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the required Fundraising Service Contract Registration Form been submitted to the Secretary of State for this campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: List above only charitable organizations that are required to register under RCW 19.09.065. <u>DO NOT</u> submit copies of fundraising contracts with this application; each contract must be submitted to the Charities Program separately, along with the required Fundraising Service Contract Registration Form and a \$10 fee.	
SECTION 3 - SIGNATURE	
<p><i>By signing this application for registration, the applicant: (a) certifies that the information contained in the application and in the attachments are accurate and true to the best of the applicant's knowledge; (b) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (c) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.</i></p>	
_____ Signature of Owner or Officer	_____ Printed Name
_____ Title	_____ Date
<i>This form may be signed by an officer or owner of the organization.</i>	

NOTE: Expedited Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Service, please enclose **\$20** per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word **“EXPEDITE”** in bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.



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Fifteen Thousand Dollar Commercial Fundraiser Bond

The below-referenced principal and surety hereby publicly agree and acknowledge that they are held and bound unto the STATE OF WASHINGTON in the penal sum of Fifteen Thousand Dollars (\$15,000) in lawful money of the United States of America, for the payment of which sum Principal and Surety hereby bind Themselves and their respective heirs, executors, administrators, successors and assigns jointly and severally.

The condition of this obligation is that said Principal is a registered Commercial Fundraiser in Washington, or intends to timely file application for such registration with the Secretary of State of the State of Washington, pursuant to Chapter 19.09 RCW. A condition of registration of Principal as a Commercial Fundraiser in Washington is the furnishing of this Bond in the sum of Fifteen Thousand Dollars (\$15,000) with good and sufficient Surety.

This Bond inures to the Secretary of State for the benefit of the State of Washington and to any person or entity which may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of solicitation activities by the Principal and its members, officers, employees, subsidiaries, and subcontractors.

If the Principal, as bound, faithfully performs all obligations and requirements imposed under Chapter 19.09 RCW and supporting regulations in the conduct of Principal's business as a Commercial Fundraiser, then this Bond obligation shall be discharged and be null and void. Otherwise, the Bond obligation will remain in full force and effect.

The Bond obligation shall be one continuing obligation, and the liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum provided herein.

This Bond is applicable to the registration period commencing _____. The bond shall continue in full force and effect, unless no less than forty-five (45) days prior to Surety's cancellation of this bond, the Secretary of State is notified of such cancellation. Done and signed this _____ day of _____, _____.

Date Month Year

PRINCIPAL Information and Signature	SURETY Information and Signature
Name of PRINCIPAL: <i>This should be the Commercial Fundraiser's name.</i>	Name of SURETY: <i>The issuer of the surety bond must be licensed to do business in WA.</i>
Name Under Which Business is Transacted (if different than Principal):	Business Address of Surety:
Signature of Principal Officer (e.g. Owner, CEO, President, etc):	Business Telephone Number of Surety:
Print Name of Principal Officer:	Signature of Surety Officer:
Title of Principal Officer:	Print Name of Surety Officer:
Bond Number:	Title of Surety Officer: